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**STATE OF COLORADO**  
**DEPARTMENT OF LAW**  
**OFFICE OF THE ATTORNEY GENERAL**

**STATE SERVICES BUILDING**  
1525 Sherman Street - 7th Floor  
Denver, Colorado 80203  
Phone (303) 866-4500  
FAX (303) 866-5691

**APPLICATION FOR REPOSSESSOR BOND**

[Pursuant to C.R.S. § 4-9-629, C.R.S. (2009)]

<b>*OFFICIAL USE ONLY*</b>	
Filing Date: _____	Filing fee: _____
Exp. Date: _____	Received: _____

(Please check one)    ☐ Initial Application @ \$150.00    ☐ Revised Application @ \$25.00

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip Code

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

(Please check one):    ☐ Sole proprietorship    ☐ General partnership    ☐ Limited partnership    ☐ Corporation  
☐ Limited Liability    ☐ Other (Explain here) \_\_\_\_\_

**1. Trade name(s) and business address(es) under which applicant transacts business if different from above:**  
(If more than three, attach additional sheets.)

\* Business Address: \_\_\_\_\_  
Street City County State Zip Code  
Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

\* Business Address: \_\_\_\_\_  
Street City County State Zip Code  
Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

\* Business Address: \_\_\_\_\_  
Street City County State Zip Code  
Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

**2. If applicant is an individual, please provide the following information:**

\* Name \_\_\_\_\_  
Residence Address: \_\_\_\_\_

3. If applicant is a partnership, please provide the following information concerning each partner:  
(If more than three partners, attach additional sheets.)

\* Name \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Street City County State Zip Code  
Telephone number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

a) Corporation organized under the laws of the State of \_\_\_\_\_

b) Date of incorporation: \_\_\_\_\_

c) Present business conducted at the following location: \_\_\_\_\_

Street                      City                      State                      Zip Code

d) Address of Registered Agent: \_\_\_\_\_

\* Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City County State Zip Code

6. Please provide the following information regarding the surety company which issued applicant's repossession bond:

\* Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip Code

Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Colorado Insurance Division License No. \_\_\_\_\_

7. Is surety authorized to transact business in Colorado? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Has applicant been involved in any litigation in the past five (5) years with respect to its business, or is any such litigation pending against applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: (Attach more sheets if necessary.) \_\_\_\_\_

**I hereby affirm that the information contained herein is true and accurate to the best of my knowledge and belief. By submitting this Application, I further state and affirm that I am aware that various state and local laws exist concerning the activities of repossessioners in Colorado and that copies of the same are available at my place of business.**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant, Partner or Officer)

\_\_\_\_\_  
(Title)

Please submit this completed application with \$150 filing fee (\$25 filing fee for revised application) and completed surety bond to:

Colorado Attorney General  
Business Regulation Unit  
1525 Sherman Street, 7th Floor  
Denver, Colorado 80203  
Telephone: (303) 866-5079